

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: MEADOW LANE (110191)

Address: 1414 JEFFERSON ST, BARABOO, WI 53913

License Status: REGULAR

Licensed/Certified/Registered 01/01/1987

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey History

Survey ID: 0094021 **End Date:** 01/24/2005 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0093879 **End Date:** 12/13/2004 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10008089 Served 01/26/2005

Deficiencies Cited

50.065(3)(b)

83.33(3)(e)2.a

Subject Area

COMPLETE BACKGROUND CHECK PROCESS

WRITTEN ORDER TO ADMINISTER MEDICATIONS

Compliance
Verified

Corrected

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